

Improving Elective Surgery Cancellations: A Quality Improvement Project

Background

Elective Surgery Cancellations (ESCs)

- Range from 1% to 26%
- 60% are preventable
- Standardized perioperative processes result in <2% ESCs
- Cost \approx \$4,800 per cancelation
- Preventable ESCs result from:
 - Patient level factors
 - Organizational level factors

ESCs cause:

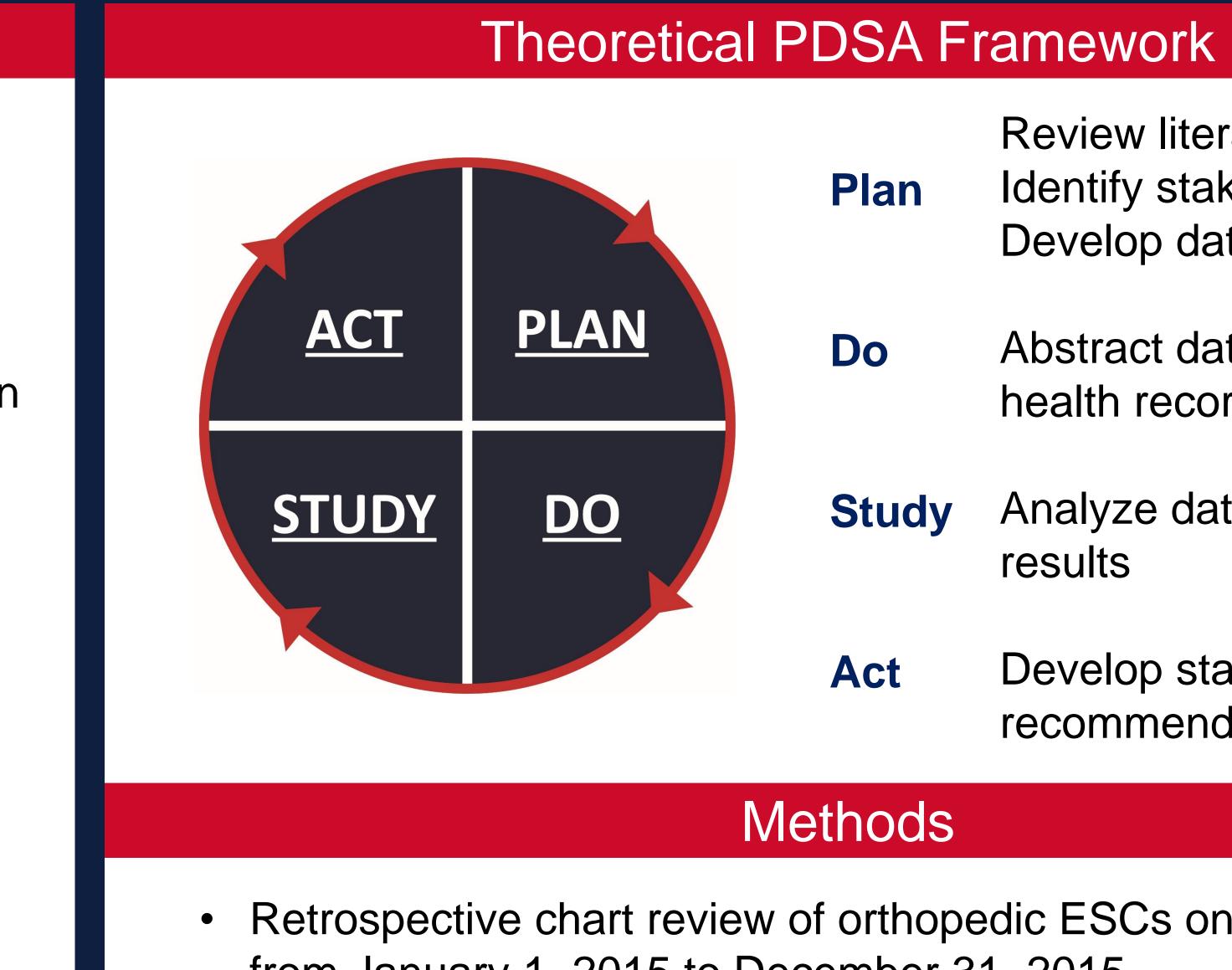
- Anxiety and frustration
- Loss of operating room (OR) productivity
- Decreased OR utilization
- Wasted OR resources
- Increased healthcare cost

Purpose Statement

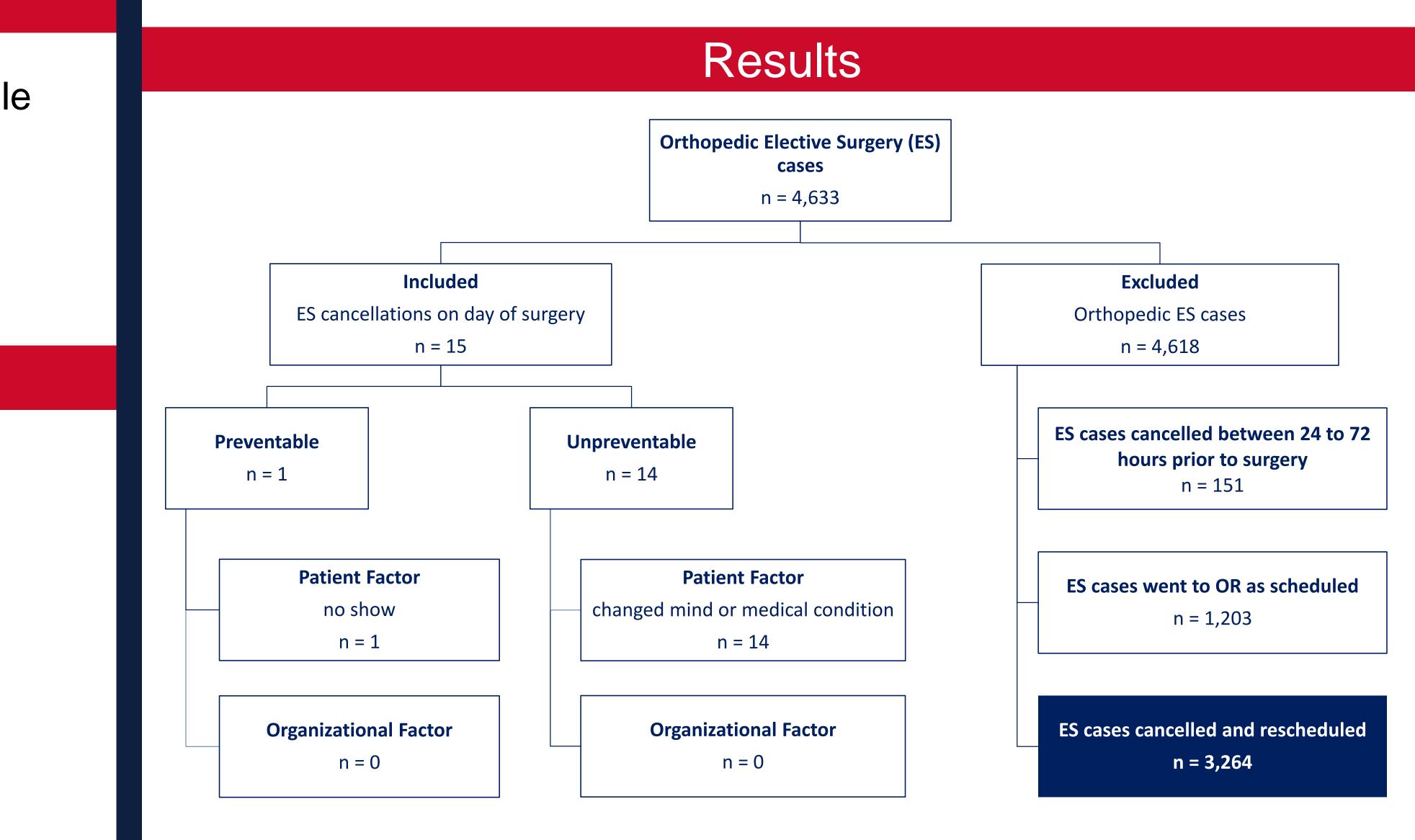
- Identify factors associated with preventable ESCs
- Develop recommendations to mitigate preventable factors

Significance of the Project

- Decrease ESCs rate
- Improve perioperative care
- Improve patient and provider experience
- Decrease healthcare cost
- Develop guidelines for other institutions



- Retrospective chart review of orthopedic ESCs on day of surgery from January 1, 2015 to December 31, 2015 • Preventable/unpreventable patient level factors
 - Preventable/unpreventable organizational level factors
- Magnet designated Level 1 trauma academic teaching facility
- Patients 18 years and older



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Review literature Identify stakeholders Develop data abstract tools

Abstract data from electronic health record

Study Analyze data and describe results

> **Develop stakeholders'** recommendations report

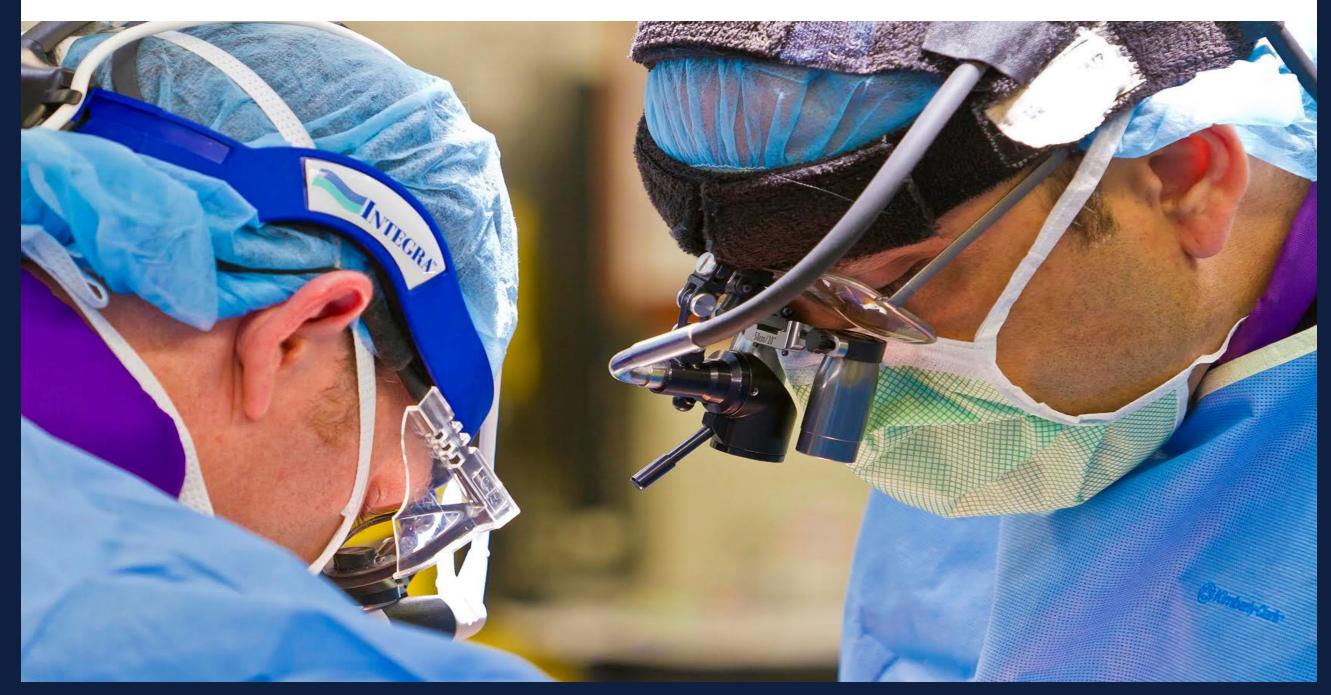
- prior to surgery
- more than once

Patient level factors:

Cost

3,415 (73 %) ES cases

- than once





Results

4,633 elective surgery cases scheduled

1,203 (26%) cases had surgeries

151 (3%) cases cancelled more than 24 hours

15 (1%) cancelled on day of surgery

3,264 (70%) cases cancelled and rescheduled

Discussion

No organizational level factors identified

14 unpreventable (change in medical conditions) 1 preventable (no show)

≈ \$4,800 per cancelation ≈ \$72,000 for 15 ESCs

Cancelled 24 hours prior DOS Cancelled and rescheduled at least once

Recommendations

Develop procedures to prevent cases from being cancelled and rescheduled more

PDSA cycle useful for quality improvement

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